AO 435 (Rev. 03/08)	Administrative Office of the United States Courts	FOR COURT USE ONLY
Please Read Instructions:	TRANSCRIPT ORDER	DUE DATE:

1. NAME Robert Zwillich	2. PHONE NUMBER 212-474-1212	3. DATE 11/15/17

4. MAILING ADDRESS 825 8th Ave.	5. CITY NY	6 STATE NY	7. ZIP CODE 10019

8. CASE NUMBER 17-BK-3283	9. JUDGE Swain	DATES OF PROCEEDINGS
		10. FROM	11. TO

12. CASE NAME Commonwealth of Puerto Rico	LOCATION OF PROCEEDINGS
	13. CITY	14. STATE

15. ORDER FOR

☐ APPEAL   ☐ CRIMINAL   ☐ CRIMINAL JUSTICE ACT   ☐ BANKRUPTCY
☐ NON-APPEAL   ☐ CIVIL   ☐ IN FORMA PAUPERIS   ☒ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE	11/13/17	☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)	AND		
☐ CLOSING ARGUMENT (Plaintiff)	11/15/17	☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☐ OTHER (Specify)	
☐ SENTENCING			
☐ BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).	ESTIMATE TOTAL	0.00
18. SIGNATURE Robert Zwillich	PROCESSED BY	
19. DATE 11/15/17	PHONE NUMBER	

TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
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PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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